Fertility preservation

Find out what’s covered by your Berkeley Student Health Insurance Plan (SHIP).

If you are receiving services for gender dysphoria or treatment that may make it difficult to have children in the future, your Berkeley SHIP may cover fertility preservation as part of your benefits.

Here are some questions and answers about what’s covered and how to get care.

1. What is my share of the cost for fertility preservation?

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<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$300 (applies to services received outside of the Tang Center)</td>
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<td><strong>Copay/Coinsurance</strong></td>
<td>$15 copay for consultation (deductible waived for a consultation)</td>
<td>40% for consultation</td>
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<td>$250 copay plus 10% after consultation</td>
<td>$250 copay plus 40% after consultation</td>
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<td><strong>Annual storage costs</strong></td>
<td>Covered at 90% while on Berkeley SHIP</td>
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<td><strong>Lifetime maximum</strong></td>
<td>$20,000 (fertility medication doesn’t apply to this maximum)</td>
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2. Does fertility preservation require a referral from the Tang Center?
   Yes, call 1-510-642-5700 or email ship@berkeley.edu for information on getting a referral.

3. Does Anthem need to precertify fertility preservation?
   Yes, you should submit a request for precertification through the Berkeley SHIP office. Precertification lets us make sure treatment is appropriate for your care.

   Prior authorization for fertility preservation medications is separate from precertification for medical services. Please see below for more details regarding prior authorization for fertility preservation medications. Prior authorization for fertility preservation medications may take up to three business days.

4. Does my plan cover fertility preservation medications?
   Yes. However, you may need to get prior authorization, or approval from Anthem, for fertility drugs. The treating doctor’s office should handle prior authorization for fertility medication. To see which drugs require prior authorization, see this list: click here.

5. How do I find a fertility preservation provider?
   To access a list of fertility preservation providers along with other specialized providers, click here.

6. Do I need to submit a claim?
   If the provider is in-network, the provider will submit claims to Anthem.

   If you’re seeing an out-of-network provider, you may need to pay when you get care. To be reimbursed, you have to submit a claim by:
   1. Downloading a claim form here.
   2. Providing proof of payment.
   3. Sending an itemized bill from the provider showing dates of service, procedure codes, billed amounts and diagnosis codes. You also need to include the provider’s name, address and tax ID number.
   4. Faxing the claim form with these items to 1-818-234-4147, attention: Frank A.

Here are a few important things you should know about your fertility preservation benefits:

- Before you get care and submit a claim, you must have prior approval. Precertification for medical services may take up to two weeks. Prior authorization for medications may take up to three business days.
- It usually takes Anthem 30 business days to process a claim.
- Your plan pays a lifetime maximum benefit of $20,000 for fertility preservation. Fertility medication doesn’t apply to this maximum.
- This benefit covers fertility preservation services only. Your plan does not provide any coverage for the testing or treatment of infertility.